| Sheet 1 of 1  | :  |                    |               |  |  |          |                               |   |
|---|----|--------------------|---------------|--|--|----------|-------------------------------|---|
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| *EXAMINER<br>INITIAL  |    | DOCUMENT<br>NUMBER | DATE          | NAME                                   | CLASS  | SUBCLASS | FILING DATE IF<br>APPROPRIATE |   |
|   | АА |                    |               |  |  |          |                               |   |
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|   |    | DOCUMENT<br>NUMBER | DATE          | COUNTRY                                | CLASS  | SUBCLASS | TRANSLATION<br>YES NO         |   |
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| Sheet 1 of 1   |          |   |               |  |                       |             |                 |                                       |                       |   |  |
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